

ANNUAL PAIMI ADVISORY COUNCIL REPORT (ACR) [42 CFR 51.23 (a)(3)]

Fiscal Year: 2005

State: Virginia

Name of P&A System: Virginia Office for Protection and Advocacy

Report Prepared by: (Advisory Council Chair) Chris Harrison

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Date Submitted:

Signature of PAIMI Chair:

SECTION A.
POSITION OF ADVISORY COUNCIL AS OF SEPTEMBER 30 OF THIS YEAR

A.1. Status: Total members on the Advisory Council

Primary ID*	Total #	
a. Number of Advisory Council Members Serving on 9/30	11	11
b. Recipients/Former Recipients (R/FR) of mental health services*	7	7
c. Parents/Family Members of R/FR of mental health services*	2	4
d. Mental health service providers		4
e. Mental health professionals*	1	1
f. Attorneys*	1	1
g. Individuals from the public knowledgeable about mental illness*		
h. Others (please identify) _____		
i. Vacancies as of 9/30 2 members' term expired 1 member had requested a leave of absence 1-9 other vacancies had not been filled	4-9	4-9
j. Total Number of seats on the PAIMI AC**	15-20	15-20

[In column 1 (Primary ID), only select **one (1) primary identification*** for each PAIMI Advisory Council member. In column 2, under total number), please include all individuals in each category, even those who are listed also in other categories.] **Subtotal items a. - i. and place the number in j. The total j. represents all seats on the Advisory Council (the subtotal of items a. & i. *Under primary identification, six (6) is the minimum number of AC members mandated under the PAIMI Rules [42 CFR 51.23(b)].

A.2. Ethnicity/Race of PAIMI Advisory Council Members

Ethnicity/Race*	Number of Members
American Indian/Alaskan Native	
Asian	
Black/African American	1
Hispanic/Latino	
Native Hawaiian/Other Pacific Islander	
White	10
Vacancies as of 9/30	4-9
Total	15-20

*Members may select one or more ethnic/racial categories. This information must be provided.

A.3. Gender			
Male	6	Female	5
Total	11		

A.4. Does the P&A System have a multi-member governing board?
Yes
a. Total number of governing board members Total <u>13</u>
b. Is the Chair of the PAIMI Advisory Council a member of the governing board?
Yes The VOPA PAIMI Advisory Council Chair does not have voting privileges.
c. Do any other PAIMI Advisory Council members hold seats on the governing board?
No; however, the Governing Board of Directors has established a committee structure that include representation from both of VOPA's Advisory Councils on each committee. The PAIMI Council has identified members to serve on the following Governing Board of Director's Committees:
Priority Setting and Public Awareness Internal Policies Public Policy
A PAIMI Council member also participates in VOPA's Spanish Outreach Advisory Committee (although this is not a committee of the Governing Board).

SECTION B. ADVISORY COUNCIL ACTIVITIES See PAIMI Act at 10805(7)

B.1.	Advisory Council
Term of Appointment (Number of Years)	4
Number of Terms a Member Can Serve	1
Frequency of Meetings	at least quarterly
Number of Meetings Held in the Fiscal Year (42 CFR 51.23 (b)(3) requires a minimum of 3]	4
% (Average) of Advisory Council Members Present at Meetings	60

B.2. Are P&A Program staff invited to attend the PAIMI Advisory Council meetings?

Yes. The Executive Director, Policy Director and an Administrative Staff routinely attend the DAC meetings. In addition, every meeting includes a training session that is provided by either Managing Attorneys, staff attorneys, or advocates.

B.3. Are any governing board members invited to attend the PAIMI Advisory Council meetings?

Yes, the Board Chair or a designee routinely attends.

B.4. Did the council work jointly with the governing authority or board* to develop the annual PAIMI priorities? [42 CFR 51.23(a)(2)]*

Yes. Time on meeting agendas was dedicated to discussing and providing recommendations about the goals, focus areas and objectives. In addition, the Council was provided with information that summarized the public comment input VOPA received. The PAIMI Chair, as a member of the Governing Board, was involved in the Board's deliberations of the goals, focus areas and objectives.

B.5. Did Council members attend any *in-State or out-of- State* training or educational presentations related to PAIMI Program activities? [42 CFR 51.27* optional for Advisory Council and Governing board members].

Yes. The Virginia Office for Protection and Advocacy provides legal rights and disability related training at every Council meeting.

The PAIMI Council Chair represented VOPA and the PAIMI Advisory Council at the National Association of Protection and Advocacy System's (NAPAS) annual national convention.

In addition, Council members are very active in the mental health community and attend functions both in and out of state. Please see the list below for activities that Council members were involved in.

B.6. Does the P&A system have established written policies and procedures for reimbursing advisory council members for expenses? [42 CFR 51.23 (d)(2) and the restrictions in 51.31(e) and 51.6(e)].

PAIMI Advisory Council members are reimbursed for their Council activities in accordance with the travel reimbursement policies for State employees.

B.7. Were Advisory Council members reimbursed for expenses incurred for PAIMI Program related activities? [42 CFR 51.23(d)(1)? If so, complete the following chart.

B.7.a. Reimbursement of Expenses

Activity	# Attending	P&A	Self	Other
VOPA provides Advisory Council members with reimbursement for their travel costs for Council meetings and for Governing Board Committee meetings. However, these costs are not tracked by "council" expenses but rather by "travel" expenses. PAIMI Advisory Council members are reimbursed for their Council activities in accordance with the travel reimbursement policies for State employees.				

B.8 Was the Advisory Council* provided with reports, materials, and fiscal data that enabled them to review the following P&A activities [42 CFR 51.23(c)]:

a. Existing program policies, priorities, and performance outcomes.

Yes. In addition, the PAIMI Advisory Council Chair attends the Board meeting where the fiscal reports are reviewed and discussed.

b. If yes, did the submissions include the following information:

1. At least an annual report on expenditures for the past two (2) years.

No

VOPA, as a state agency and because of having several funding streams, has a very complicated accounting system that is difficult to explain and to understand. VOPA staff worked diligently with the Governing Board of Directors to develop fiscal reports and tools that accurately reflect fiscal activities and yet are understandable for lay people. VOPA developed a series of reports that the Board members have approved. In the past fiscal year, the PAIMI Council has received the same reports that the Governing Board received.

In addition, the PAIMI Advisory Council Chair attends the Board meeting where the fiscal reports are reviewed and discussed.

2. Projected expenses for the next fiscal year identified by budget category.

Yes

B.9. Completion of this section is OPTIONAL. However, if you do respond, please describe any other PAIMI Advisory activities, other than council meetings, as listed below:

a. Briefly describe, governing board or advisory council committee work, briefly describe:

At every Governing Board meeting the PAIMI Advisory Council Chair gives a verbal report of the Council's activities since the last Board meeting. This report is usually a review of the Council meeting and what impact it may have had on the members' other advocacy efforts in the mental health community.

Council Members are given the opportunity to serve on the Governing Board committees. However, geographic barriers, work schedules and Virginia Freedom of Information Act restrictions previously had limited their direct involvement. However, the 2005 General Assembly passed amendments that loosened some of the limitations on public meetings. The PAIMI Council members have volunteered to serve on several Governing Board committees as mentioned earlier.

The Council Members and VOPA staff routinely update the other council members on the Governing Board committee work.

b. Briefly describe any training or educational presentations to either constituency groups or the general public:

VOPA's PAIMI Advisory Council Chair participated on a panel "Strengthening Your PAIMI Advisory Council", at the National Association of Protection and Advocacy Systems (NAPAS) annual conference in January 2005.

c. Briefly describe any systemic or legislative advocacy activities: Not applicable

d. Briefly describe any special projects (e.g., institutional monitoring): Not applicable

e. Briefly describe any other (e.g., fund raising, public relations, etc.): Not applicable

SECTION C. ADVISORY COUNCIL ASSESSMENT OF PAIMI OPERATIONS

Comment on the annual PAIMI Program **goals** and objectives for this fiscal year's activities. For each annual **goal**, using the scale provided below, please a brief description of its implementation status and/or the extent of progress. Provide examples of individual or systemic cases, or if applicable legislative activities that illustrate the impact and/or disposition of PAIMI Program efforts and participation in State mental health planning activities. See Glossary for definitions.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

a. Goal # 1 Objective # 1 **Inappropriate Medication in Mental Institutions**

b. Objective was Met

c. Base Measure used to determine whether priority was met

1. All Critical Incident Reports received will be read and entered in to a dedicated database.
2. Nine (9) outreach sessions will be conducted.
3. Preliminary inquiries of complaints alleging administration of medication without consent, use of medication as a restraint or other inappropriate uses of medication will be conducted:
4. Ten (10) investigations of complaints alleging medication being administered without informed consent will be conducted.
5. Participation in policy making activities addressing the elimination of abuse and neglect in state institutions.
6. Discussions with policy makers to eliminate weaknesses in the current critical incident reporting statute and reporting practices.

d. Target Population: PAIMI-eligible individuals who are residing in state mental health institutions that have experienced an incident rising to the level of a statutorily defined "critical incident", individuals who file complaints about specified medication practices and all other individuals residing in the state mental health institutions

e. Outcome: PAIMI eligible individuals with medication issues were represented and rights protected. Systemic reform in a state mental health institution that will foster a reduction in Inappropriate medication practices.

By statute, VOPA receives Critical Incident Reports (CIR) submitted by the mental retardation institutions. Every CIR is read by VOPA staff and pertinent information is entered into a database. All CIRs that involve injuries within current program priorities and other alarming or unusual reports are identified and further reviewed. In addition, the VOPA Executive Director conducts a weekly meeting to address the reports, their implications, and remedial action.

In conjunction with VOPA's review of CIR, VOPA routinely requests that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) produce internal investigation reports and supporting materials

Previously Critical Incident Reports were sent from the state institutions to VOPA via e-mail. The Department of Mental Health, Mental Retardation, Substance Abuse Services felt this method of reporting might violate client confidentiality. So, over 2 years ago, the Department proposed that the institutions report through a Department database with VOPA and the OIG receiving the information through a web-based secured server. VOPA agreed as long as there would be no change in the timeliness, level, quality, or amount of information provided. For reasons internal to the Department, this proposal was substantially delayed. However, work on the secured server resumed this year. In March 2005, the new reporting system was implemented. After some fine tuning, the delivery and receipt of the CIRs through this process has been accomplished. VOPA had fairly significant database conversions as a result of this secured server.

VOPA identified an apparent pattern of late submissions of some of the CIRs. This was brought to the attention of DMHMRSAS' representatives who responded quickly to address it. VOPA continues to monitor this.

Virginia Office for Protection and Advocacy (VOPA) staff presented at least one training session at each of the nine (9) state mental health institutions. Training included patient rights concerning medication, the right to be involved in treatment planning and the right to informed consent. Following presentations, several patients requested and were provided additional information and technical assistance. In addition, pursuant to a federal court settlement, the VOPA provided quarterly rights training for patients in the Department of Veterans Affairs Hospital in Richmond, Virginia.

VOPA worked on fourteen (14) preliminary inquiries related to alleged inappropriate medication practices. All involved allegations pertaining to persons with mental illness. Five (5) were favorably resolved without need for further investigation or action, four (4) were opened for full investigation or full case level services, three (3) resulted in no further action and one (1) remains pending.

VOPA worked on seventeen (17) investigations of alleged medication without informed consent, thirteen (13) of which addressed allegations pertaining to a person with mental illness. Twelve (12) of the PAIMI investigations related to individual complaints and one (1) involves systemic review of "informed consent" practices at a state mental health facility. In one case, VOPA's investigation confirmed that a patient was given medication without informed consent based on the facility's claim that the medication was appropriate under an "emergency exception." VOPA filed and successfully resolved a Human Rights Complaint, resulting in the facility implementing revised policies on emergency exception practices and informed consent, followed by mandatory staff training. In another case, a facility proposed increased psychotropic medications which the patient and the patient's legally authorized representative opposed. The facility threatened to obtain a court order allowing the medication. VOPA intervened, investigated and obtained the facility's agreement not to increase the medication as proposed without informed consent, not to attempt to coerce medication in the future, to obtain a proper psychopharmacological evaluation, to switch the patient to a proper medication and to change the patient's diet to address other medical issues. In a short period of time, the patient stabilized without the unwanted medication, regained capacity and has been going on passes in preparation for discharge without further incident.

VOPA had an active role in the Department of Mental Health, Mental Retardation and Substance Abuse Services Human Rights Regulations Review Process. VOPA was represented on the Advisory Committee as well as three of the sub-committees (Administrative Processes, Seclusion and Restraint, and Decision Making). VOPA staff visibly advocated to strengthen the regulations on behalf of individuals with disabilities. The subcommittees' recommendations were considered by the Advisory Committee and were either forwarded to the DMHMRSAS for consideration, forwarded with modification for consideration or rejected. DMHMRSAS submitted the regulations to their Board in October for approval. Once approved by their Board, the Administrative Process Act requirements started. Although committee/sub-committee representation was been handled by four VOPA staff, much consultation/collaboration occurred throughout the Office and with other entities outside of the meetings.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

a. Goal # 1 Objective # 2 **Staff on Resident Assaults in State Mental Health Institutions**

b. Objective was Partially Met/Continuing

c. Base Measure used to determine whether priority was met

1. All Critical Incident Reports received will be read and entered into a dedicated database.
2. Regularly prepared summaries are shared with appropriate advocacy staff.
3. Preliminary inquiries of Critical Incident Reports that involve alleged staff on resident assaults resulting in serious bodily injury or loss of consciousness requiring medical treatment will be conducted.
4. Five (5) full investigations of Critical Incident Reports identified above where there is probable cause to believe that abuse or neglect occurred, and remediate identified violations will be conducted.
5. Systemic issues that cause or contribute to abuse or neglect are identified and identified violations are remediated.
6. Participation in policy making activities addressing the elimination of abuse and neglect in state institutions.
7. Discussions with policy makers to eliminate weaknesses in the current critical incident reporting statute and reporting practices.

d. Target Population: PAIMI—eligible individuals residing in state mental institutions.

e. Outcome: Some investigations are on-going. Systemic issues that caused or contributed to abuse or neglect were identified and violations were remediated.

As previously noted, a web-based secured server was implemented for the capturing and conveying of the CIR data. This required a lot of VOPA staff and our data base contractor's time to implement in order to ensure we continued to receive the reports in a timely manner and with no less information. In addition, the staff person who assisted with data management for the CIR left our organization and the position has not yet been filled. Recognizing that this will be an on-going need for advocacy staff to have timely summaries of the CIRs, VOPA has developed alternative strategies to begin to address this.

As previously noted, all CIRs were read and entered into the dedicated database.

VOPA worked on seven (7) investigations of alleged staff on resident assault. Four (4) involved allegations related to persons with mental illness. Of these, one involved verbal abuse by staff and has been completed, one involves injuries incident to restraint and is ongoing; and one involves head and neck injuries due to alleged staff on resident assault and is ongoing.

In summary, VOPA received and compiled initial and follow-up reports of critical incidents submitted to VOPA by state mental health institutions. We analyzed these reports for trends in type of injury, location, time of day, staffing and other factors. We reviewed the adequacy of remedial action taken by the facility. In appropriate cases, we obtained and reviewed reports of internal abuse/neglect investigations conducted by the facility. We also obtained and reviewed long-term care facility survey reports for those state facilities that operate skilled nursing facility/nursing facility beds.

Please see previous section regarding VOPA's work with the DMHMRSAS Human Rights Regulations Review.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 3 **Abuse and Neglect in Community Settings**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. All Adult Protective Services' reports received will be read and entered in to a dedicated database.
 - 2. On-site visits will be conducted to local social services departments to encourage reporting adherence.
 - 3. Seven (7) allegations of abuse or neglect in licensed community residential settings will be investigated.
 - 4. Ten (10) assisted living facilities will be monitored.
 - 5. Systemic issues that cause or contribute to abuse or neglect in community settings are identified and identified violations are remediated.
 - 6. Participation in policy making activities addressing the elimination of abuse and neglect in community settings by responding to all relevant legislative proposals, proposed administrative regulations and organizational policies.
 - 7. Discussions with policy makers to improve the requirements for community providers to report abuse or neglect.
 - 8. Participation on the Guardianship Advisory Board of the Department of the Aging to promote alternatives to guardianship, consumer self-direction, and improved protections for persons with disabilities in substitute decision-making proceedings.
 - 9. Participation in policy making activities addressing the need for consumer self-direction and protections for persons with disabilities in substitute decision-making proceedings in response to all relevant legislative proposals, proposed administrative regulations and organizational policies.
- d. Target Population: PAIMI—eligible individuals living in the community that have been or are at-risk of abuse and neglect.
- e. Outcome: Systemic issues that caused or contributed to abuse or neglect were identified and violations were remediated.

All Adult Protective Services' reports received were read and entered into a dedicated database

VOPA has successfully obtained increased APS reporting of alleged abuse or neglect of persons with disabilities by direct correspondence to 121 local APS offices, several on-site visits, meetings with senior APS personnel and completion of a draft protocol designed to facilitate increased reporting. Upon final approval of the protocol and agreement concerning electronic transfer of reports, VOPA anticipates receipt of approximately 3,000 reports per year, all of which will be reviewed and analyzed by computer programs currently in use for sophisticated analysis of CIR data.

VOP worked on twenty-five (25) investigations and cases involving abuse or neglect of persons in community facilities. Five (5) of these cases involved allegations and issues pertaining to persons with mental illness. In one case, VOPA successfully completed litigation against an assisted living facility that served persons with disabilities including persons with mental illness. VOPA's evidence included medical neglect of a patient who died, physical abuse, drug theft and hundreds of false, misleading or improper entries in residents medication administration records. In the course of the litigation, the Court entered landmark rulings confirming the right to be free from abuse or neglect under State law, a right of action to enforce the right, and VOPA's authority and standing to file suit in its own name, on its own behalf and on behalf of victims. The Court entered final judgment enjoining ongoing abuse and neglect and directed compliance with a comprehensive settlement agreement that establishes clear standards of care; requires outside medical oversight; requires specific medication management, administration and inventory practices; guarantees VOPA's unfettered right of access and authority to monitor compliance; and establishes the Court's authority to punish violations as appropriate. VOPA conducts weekly, on-site monitoring to assure

compliance with the Court's order.

VOPA actively participates on the Public Guardianship Advisory Board of the Virginia Department of the Aging. VOPA is a member of the Program and Planning Subcommittee which is focused on drafting administrative regulations, policies and procedures for the public guardianship providers.

Please see previous section regarding VOPA's work with the DMHMRSAS Human Rights Regulations Review.

During the 2005 Virginia General Assembly Session, VOPA actively monitored the drafting of legislation revising oversight of assisted living facilities, and participated in final negotiations of the bill that was ultimately passed. We ensured that the Virginia Department of Social Services was aware of our desire to actively participate in the revision of the administrative regulations that will flow from that legislation. VDSS did include VOPA in the workgroup assembled to advise them on the development of the regulations. VOPA actively advocated for Assisted Living Facility residents to be involved in every aspect of their care planning. We and other advocates also encouraged VDSS not to weaken the incident reporting requirements.

Out of that same legislation came a requirement for the Virginia Board of Nursing to develop administrative regulations for the registration/certification and training of medication aides in assisted living facilities. VOPA attends and actively participates in the Task Force meetings convened by the Board of Nursing. Thus far, VOPA has advocated for the resident to be included in every aspect of their care planning including every aspect of medication administration when possible based on the individual's capacity. VOPA also advocated for accountability and clear expectations regarding documentation. We provided written recommendations to the Task Force and Board of Nursing re-iterating these concerns. We also encouraged them to try to find a balance between the requirements of a "medical model" with the need to maintain a non-institutional setting.

VOPA received and compiled initial and follow-up reports of critical incidents submitted to VOPA by state mental health institutions. We analyzed these reports for trends in type of injury, location, time of day, staffing and other factors. We reviewed the adequacy of remedial action taken by the facility. In appropriate cases, we obtained and reviewed reports of internal abuse/neglect investigations conducted by the facility. We also obtained and reviewed long-term care facility survey reports for those state facilities that operate skilled nursing facility/nursing facility beds.

With this effort, VOPA identified psychiatric residential treatment facilities (PRTF) as another entity providing services that should be providing VOPA with reports of "serious occurrences." VOPA has provided outreach and on-site visits to all 21 of these facilities in the State providing them with the pertinent Centers for Medicare and Medicaid Services' regulations and interpretive guidelines, reviewing seclusion and restraint policies, touring facilities, and providing information about VOPA. Those facilities account for 1426 beds for children and adolescents. We have also contacted the Department of Medical Assistance Services (DMAS) and the Center for Quality Health Care (DMAS' survey contractor for these facilities) regarding the lack of compliance with the PRTF Condition of Participation (i.e., lack of current validation letters, noncompliance with the serious occurrence reporting requirement, failure to include VOPA contact information in facility seclusion and restraint policies, and failure to conduct validation surveys).

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 4 **Inappropriate Seclusion or Restraint use in Juvenile Facilities and Schools**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. All incident reports received from psychiatric residential treatment facilities will be read and entered into a dedicated database.
 - 2. Fact sheet on resident rights developed and distributed.
 - 3. Five (5) juvenile facilities will be monitored to evaluate staff training and seclusion and restraint policies.
 - 4. Two (2) schools will be identified and practices changed in the areas of in-school suspensions, “time-outs” and other restraints where appropriate Positive Behavioral Supports and Interventions are not provided.
 - 5. The extent to which physical restraints are used in public schools will be determined.
- d. Target Population: PAIMI-eligible individuals in juvenile facilities and schools.
- e. Outcome: Inappropriate restraint in a school was identified and remediated; systemic reform.

All incident reports received from psychiatric residential treatment facilities were read and entered into a dedicated database. See above for more detail of VOPA’s work in this area.

A draft fact sheet regarding juvenile disability related rights has been developed. This work will be continued in the new fiscal year.

VOPA monitored eleven juvenile facilities.

Investigation of inappropriate restraint in a school was completed and resulted in significant, agreed corrective action. In this case, VOPA’s investigation confirmed inappropriate restraint practices, sometimes resulting in physical injury; failure to comply with restraint procedures as established by applicable regulations; failure to document restraint procedures as required by applicable regulations; and failure to properly and adequately identify student behavioral needs as required by applicable special education laws and regulations. VOPA filed a formal administrative complaint which has been successfully resolved by an agreed corrective action plan. VOPA conducts regular, on-site monitoring to assure compliance with the agreement.

VOPA has reviewed the practices of eight schools and is now investigating the way the Department of Education (DOE) regulates the use of seclusion and restraint. The Department of Education is required to publish guidelines for schools to use when developing their own policies. To date, DOE has not done so. As a result, several schools that practice seclusion and restraint have no policy setting forth when those methods should be used or require any training for teachers or other personnel who use them. VOPA has identified seven schools in the Commonwealth that admit to restraining over 20 children in the past year but without a policy on when restraint should be used and without training to teachers on how to do it. By contract, DOE requires private schools to adhere to the Human Rights Regulations of the Department of Mental Health, Mental Retardation and Substance Abuse Services, which set very stringent standards on when seclusion and restraint may be used. VOPA is formulating an advocacy strategy that will, hopefully, result in a collaborative relationship with DOE on this point but will require DOE to more thoroughly regulate public schools in this area. In addition, four schools received appropriate training on the use of seclusion and restraint.

1. Goal **People with Disabilities are Free from Abuse and Neglect**

For each indicator of success, provide the following information:

- a. Goal # 1 Objective # 5 **Deaths Where There is Probable Cause to Believe Abuse or Neglect Occurred**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. All Critical Incident Reports received will be read and entered into a dedicated database.
 - 2. Preliminary inquiries will be conducted where a reported death is suspect of abuse or neglect in a state mental institution.
 - 3. Two (2) investigations where there is probable cause to believe that abuse or neglect occurred will be conducted at state mental health institutions.
 - 4. Preliminary inquiries will be conducted where a reported death is suspect of abuse or neglect in the community.
 - 5. One (1) investigation where there is probable cause to believe that abuse or neglect occurred will be conducted in the community.
- d. Target Population: PAIMI—eligible individuals involved in the state mental health institutions and in the community
- e. Outcome : Systemic reform occurred where there was probable cause to believe abuse or neglect occurred.

As previously noted, all CIRs were read and entered into the dedicated database.

VOPA conducted five (5) preliminary inquiries, four (4) of which involved death of persons with mental illness. Of those involving persons with mental illness, three were elevated to full investigation. In one (1) case, an assisted living facility resident's death was included in litigation that was favorably concluded. This was noted previously.

PAIMI Advisory Council Comments regarding VOPA's Abuse & Neglect Work:

VOPA's PAIMI Advisory Council is greatly appreciative of the work VOPA has done in the area of abuse and neglect. Of particular note is the use of the CIRs, trend analysis, and other data analysis efforts used to combat abuse and neglect of PAIMI-eligible individuals. The PAIMI Council is appreciative of the timeliness of VOPA's review of the reports it receives. The Council supports VOPA's initiative and efforts to pursue and further analyze facility reports.

The PAIMI Council has great concern about the staff qualifications and level of staffing in facilities; this includes both ALFs and state-operated MH institutions. The Council feels that VOPA's work in this area is critical to MH consumers. Just as medication errors can have serious repercussions for consumers, the Council feels they should have serious repercussions for the staff committing the errors. The Council agrees that VOPA should continue efforts that foster opportunities for appropriate self-medication practices.

Seclusion and restraint of MH consumers is of grave concern to the PAIMI Council. They approve of VOPA's work in this area. The Council hopes that VOPA will be able to follow-up with DOE to ensure appropriate practices are put into place that protect consumers.

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

a. Goal # 2 Objective # 1 **Transition Services**

b. Objective was Met

c. Base Measure used to determine whether priority was met

1. Five (5) juvenile facilities will be monitored to evaluate staff training and transition planning.
2. Five (5) residents of private residential treatment facilities (PRTF) will be represented in order to secure transition planning on their Individualized Education Program (IEP).
3. Five (5) children, including students at the Virginia Schools for the Deaf and Blind, who have been denied transition planning that promotes movement from school to post-school activities will be represented. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
4. Litigation or other advocacy will be initiated with local school districts who are not implementing transition plans developed in facilities operated by the Department of Juvenile Justice.
5. Litigation or other advocacy to ensure that the Department of Rehabilitative Services meets its obligation to provide appropriate transition planning that promotes movement from school to post-school activities.
6. Litigation or other strategies will be initiated with other state agencies, including the Department for the Blind and Vision Impaired, and the Department of Education, if they are not meeting their obligation to ensure that appropriate transition planning that promotes movement from school to post-school activities is done.

d. Target Population PAIMI—eligible individuals who would benefit from transition services to assist with the movement to post-secondary school life activities.

e. Outcome: Systemic reform that increases PAIMI-eligible individuals receiving more appropriate transition planning and services.

VOPA has monitored seven (7) juvenile facilities to evaluate staff training and transition planning and conducted site visits at twenty-one (21) Psychiatric Residential Treatment Facilities. VOPA is assisting five (5) children with transition planning issues.

VOPA discovered that the Department of Education and the Department of Juvenile Justice, which are required by statute to develop a plan to ensure that appropriate transition services take place, have not met their obligations. A task force has been formed to complete the plan. VOPA is monitoring the work of the task force and will provide comment and advocacy to ensure that the plan protects the rights of children with disabilities.

VOPA determined that the Department of Rehabilitation Services (DRS) did not provide adequate transition services for some children with disabilities who were eligible for those services. VOPA served DRS with a Notice of Potential Litigation on this issue. A settlement agreement was reached that will ensure that transition age children who are eligible for services will receive access to DRS transition services. Previously, DRS had refused to provide transition services to some children prior to their final year of high school, based on their age or year in school VOPA argued that this violated federal law. Since the settlement agreement, VOPA received a complaint alleging DRS refused to provide transition planning for a child before his last semester of high school. VOPA complained to DRS which immediately resolved the issue.

Similarly, whenever VOPA is faced with a transition case that involves another State agency, VOPA investigates whether that agency is fulfilling its responsibilities to provide appropriate transition services.

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

a. Goal # 2 Objective # 2 **Assistive Technology and Supports in Schools**

b. Objective was ____Met ____Partially Met/Continuing ____Not Met

c. Base Measure used to determine whether priority was met

Ten (10) children with disabilities placed in or at risk of placement in interim alternative educational placement due to the lack of appropriate positive behavioral interventions or assessments, due to lack of related services, or due to denial of eligibility will be represented. (This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)

d. Target Population: PAIMI--eligible children placed in or at risk of placement in interim alternative educational placement due to the lack of appropriate positive behavioral interventions or assessments, due to lack of related services, or due to denial of eligibility.

e. Outcome _____

(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)

2. Goal **Children with Disabilities Receive an Appropriate Education**

For each indicator of success, provide the following information:

- a. Goal # 2 Objective # 3 **Technical Assistance to Private Bar, Legal Services Agencies, and Parent Advocacy Groups Regarding Changes in the Individuals with Disabilities Education Act (IDEA)**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. A publication identifying the changes in the Individuals with Disabilities Education Act within 60 days of Congress amending IDEA is developed.
 - 2. Three (3) presentations concerning changes in IDEA within 60 days of the development of publication above are conducted.
 - 3. The interests of persons with disabilities are represented to the Statewide Special Education Advisory Committee to obtain maximum protection for children with disabilities after any changes to IDEA.
 - 4. The interests and early intervention needs of children with disabilities are represented to the Virginia Interagency Coordinating Council (IDEA—Part C) and the Council is informed of the implications for children of changes in IDEA.
- d. Target Population: PAIMI—eligible individuals seeking a free appropriate public education.
- e. Outcome: Technical Assistance to Private Bar, Legal Services Agencies, and Parent Advocacy Groups Regarding Changes in the Individuals with Disabilities Education Act (IDEA) was provided.

A draft publication was developed identifying the changes in IDEA; however, VOPA did not publish it as there were many other user-friendly resource documents being circulated. VOPA provided at least three (3) presentations about the changes.

VOPA attends the quarterly meetings of the Statewide Special Education Advisory Committee (SSEAC). Although we are not a formal member of this committee, through our monitoring of the activity we learned of the Department of Education's intent to distribute Seclusion and Restraint Guidelines for local school divisions. VOPA provided the SSEAC with written comments on these guidelines, and they in turn encouraged the DOE to revise the guidelines. In addition, the SSEAC voted to require that all schools develop seclusion and restraint policies.

VOPA continues to participate in the Virginia Interagency Coordinating Council (VICC). Our participation reflects ensuring confidentiality protections and maximizing family involvement in the efforts of the local entities. The VICC is aware of the requirements of IDEA-Part C.

PAIMI Advisory Council Comments regarding VOPA's Education Work:

The PAIMI Council supports VOPA's work in the area of the PRTFs. Members are concerned that they have limited knowledge of children's issues and services and cannot contribute additional comment here.

Mark Lester: Council requests that you add any comments based on your knowledge in this area.

3. Goal **People with Disabilities Have Equal Access to Government Services**

For each indicator of success, provide the following information:

- a. Goal # 3 Objective # 1 **Law Enforcement Agencies Recognize the Rights of Persons with Disabilities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. Action will be taken to remediate identified courthouses in Virginia that are inaccessible to persons with disabilities.
 - 2. A notice for law enforcement agencies concerning responding to persons with mental illness who are in crisis and other information concerning the rights and protections of persons with disabilities will be developed and distributed by November 30, 2004.
 - 3. Three (3) law enforcement associations and training entities will be informed of appropriate responses to persons with mental illness who are in crisis and other issues concerning the rights of persons with disabilities.
- d. Target Population: PAIMI—eligible individuals who have reason to be involved with law enforcement entities.
- e. Outcome: PAIMI-eligible individuals who come into contact with these law enforcement entities will be involved with public servants who have been provided with education about the rights of persons with disabilities.

Individuals' access to courthouses was addressed in FY05; however, none of these individuals were served using PAIMI funding. A more comprehensive project is being planned for FY06 to assess courthouse accessibility.

VOPA presented at the National Criminal Justice Command College of the University of Virginia concerning law enforcement interaction with persons with mental illness.

Representatives of more than three (3) law enforcement agencies attended the training. VOPA's training materials have been presented to additional law enforcement agencies and to two (2) other protection and advocacy agencies.

PAIMI Advisory Council Comments regarding VOPA's Access to Government Services Work:
The PAIMI Advisory Council is tremendously appreciative of VOPA's work in the area of outreach to law enforcement officials. They hope that we will continue efforts in this area. The PAIMI Council is concerned that in Virginia, law enforcement and corrections are more and more frequently having contact with mental health consumers and do not know how to appropriately respond or what resources may be available.

Terry Grimes: **Council requests that you add any comments based on your knowledge in this area.**

4 Goal **People with Disabilities Live in the Most Integrated Environment Possible**

For each indicator of success, provide the following information:

- a. Goal # 4 Objective # 1 **Appropriate Services and Supports to Enable People to Move into the Community**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. Five (5) unlicensed care facilities for the aged that house persons with disabilities will receive VOPA information.
 - 2. It will be determined whether children with disabilities who are eligible for Virginia's Early and Periodic Screening Diagnostic and Prevention (EPSDT) program are improperly placed in nursing homes or Intermediate Care Facilities for the Mentally Retarded (CF/MRs) due to a failure by the Virginia Department of Medical Assistance Services (DMAS) to comply with state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 - 3. It will be determined whether persons with disabilities who are eligible for Medicaid Waiver services do not receive them with reasonable promptness due to DMAS' failure to comply with state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 - 4. It will be determined whether DMAS fails to notify children eligible for Virginia's EPSDT program of the existence of the program, in violation of state and federal Medicaid laws and regulations. If so, litigation or other advocacy will be initiated to change this practice. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
 - 5. Participate in policy making activities related to the Olmstead decision's ADA Integration mandate in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.
 - 6. DMAS' waiver task forces will be informed of the need to include consumer-directed services in all of Virginia's waivers. *(This was inadvertently included as a PAIMI objective with the FY05 application. VOPA did not work in this area using PAIMI funding.)*
- d. Target Population: PAIMI—eligible individuals who need services and supports to move into the community.
- e. Outcome: Systemic reform. PAIMI-eligible individuals have increased community integration opportunities.

Five (5) unlicensed care facilities for the aged that housed persons with disabilities received VOPA information. The VOPA cover letter encouraged the operator to share this information with its' residents and to contact us for more information if need be.

VOPA has been functioning as a policy resource for the Olmstead State facilitator. VOPA has provided training for both the Oversight Committee and the Implementation team. VOPA is actively involved in assisting with the development of discharge planning protocols and other areas of emphasis related to community integration.

4. Goal **People with Disabilities Live in the Most Integrated Environment Possible**

For each indicator of success, provide the following information:

a. Goal # 4 Objective # 2 **Appropriate and Timely Discharge Plans at Mental Health Facilities**

b. Objective was Met

c. Base Measure used to determine whether priority was met

1. Seven (7) resident outreach sessions at state mental health institutions regarding discharge planning rights will be conducted.
2. Ten (10) residents of state mental health institutions will be identified in order to obtain appropriate discharge plans.
3. Ten (10) residents of state mental health institutions who are ready for discharge and who wish to live in a more integrated setting will be represented.
4. Preliminary conclusions in the investigation of DMHMRSAS' failure to discharge eligible individuals from mental health facilities will be developed by October 1, 2004, a remedial plan will be developed by January 1, 2005. Any necessary action to obtain or enforce remedial plan will be taken.

d. Target Population: PAIMI—eligible individuals who should be involved in the development of appropriate and timely discharge planning from mental health facilities.

e. Outcome: PAIMI-eligible individuals are more actively and appropriately involved in the development of appropriate discharge plans from mental health institutions; and the plans are implemented appropriately and in a timely manner.

Rights clinics were conducted at each state mental health institution. These rights clinics included information about disability rights related to discharge planning.

As a result of litigation resolved in the previous year, DMHMRSAS is enjoined to provide VOPA with the names and contact information of people with mental illness who are ready for discharge from the institutions and the names and contact information of their guardians, if any. VOPA receives that information and conducts follow-up as resources allow.

Nine residents of state mental health institutions were identified in order to obtain appropriate discharge plans. Eleven residents who were designated as ready-for-discharge and wished to live in a more integrated setting were formally represented. In addition, over 50 additional patients designated as ready for discharge were assisted in the discharge process by VOPA. In those cases, people were discharged shortly after VOPA inquired as to their status. While VOPA cannot definitively state that is representation led to those discharges, it appears that DMHMRSAS chose to discharge those persons rather than face possible action by VOPA.

4. Goal **People with Disabilities Live in the Most Integrated Environment Possible**

For each indicator of success, provide the following information:

- a. Goal # 4 Objective # 3 **Appropriate Staff at State Institutions**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met
 - 1. All Critical Incident Reports received will be read and entered into a dedicated database.
 - 2. Quarterly trend analyses will be conducted to determine whether a higher number of reported injuries, particularly resident on resident assaults, are related to staffing levels.
 - 3. In each investigation of abuse and neglect, VOPA will establish whether staffing may have contributed to the abuse or neglect and take appropriate action.
- d. Target Population: PAIMI—eligible individuals residing in state mental health institutions.
- e. Outcome: Staffing levels at state mental health institutions was examined during investigations.

All Critical Incident Reports received were read and entered into a dedicated database.

All of VOPA's institutional investigations address the adequacy of staffing. In addition, at times the weekly CIR meeting has examined staff to resident ratios, staff overtime and incident patterns to determine if staffing is impacting the health, safety and treatment of patients. Based on this analysis, VOPA is conducting an investigation of a state facility, however, the investigation is not being done with PAIMI funds.

PAIMI Advisory Council Comments regarding VOPA's Work in the area of Community Integration. The PAIMI Council recognizes the significance of VOPA's efforts to acquire the DMHMRSAS' ready-for-discharge list. Realizing this is but the first step in order to advocate for community integration and discharge planning, the PAIMI Council encourages VOPA to keep up the pressure for appropriate discharge planning that includes respecting the individual's self-determination.

Members of the PAIMI Council have great concern about staffing levels at the state-operated institutions. They are pleased that VOPA is looking at trends and in particular the overtime analysis. PAIMI Council members value that VOPA is looking at more than just the number of staff per shift or some other "ratio" of staff to patient comparison. They appreciate that VOPA is concerned about staff training and qualifications

5. Goal **People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services**

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 1 **Underserved Communities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. By December 1, 2004, one geographic region of the state will be identified that has been traditionally underserved by VOPA.
 - 2. By March 1, 2005, with the assistance of the VOPA Advisory Councils, an outreach program for the underserved region will be developed.
 - 3. The outreach program will be implemented by August 1, 2005.
 - 4. In addition to fact sheets identified in above and other grant objectives, five (5) additional fact sheets will be developed for use with service requests that do not become fully opened cases.
 - 5. The newsletter mailing list will be evaluated to be certain that underserved populations are represented.
 - 6. The newsletter will be distributed quarterly.
 - 7. Quarterly trainings for McGuire Veterans Administration Medical Center residents will be conducted.
- d. Target Population: PAIMI—eligible individuals in Virginia that have been traditionally underserved by VOPA.
- e. Outcome : policy change at a federal agency
increased awareness of VOPA services

VOPA identified the Eastern Shore, Northern Neck and the far Southwest Virginia as areas of Virginia where more outreach needs to occur to increase awareness of VOPA and the services it may provide. Prioritizing the Eastern Shore area, VOPA developed an outreach plan and has initiated it. The plan includes contacting disability related service providers in the Eastern Shore area to share information about VOPA.

VOPA has identified the topic areas for the five additional fact sheets. They include five core areas in special education (eligibility, individualized educational plans, transition services and planning, behavioral safeguards and procedural safeguards) and interpreter resources in Virginia. Drafting, printing and distribution of the fact sheets will be continued into the new fiscal year.

The VOPA newsletter mailing list was reviewed and updated to better reflect inclusion of underserved populations. It has been updated to include more consumer and family representation. In addition, other advocacy entities have been added. The newsletter mailing list is not a static work product; VOPA considers it to be an on-going project that will consistently be reviewed and updated to best reflect the disability communities in Virginia. The newsletter has been distributed as planned.

VOPA conducted quarterly trainings for the residents at the McGuire Veterans Administration Medical Center. In addition, annual staff training was provided that included information about patients rights related to self-determination, choice and informed consent. The Medical Center's staff comfort level with VOPA staff's presence has increased somewhat, but due to the conditions of the FY03 settlement agreement, VOPA can only provide the residents with quarterly trainings.

This historical settlement in FY03 with the Department of Veterans Affairs spurred the protection and advocacy systems' national association to advocate with the Department of Veterans Affairs to use the settlement agreement terms to forge a nationwide policy for all veterans' hospitals. In September, 2005, the Department of Veterans Affairs disseminated a revised policy about patient advocacy that included allowances for external advocates; this national policy is a result of VOPA's FY03 settlement agreement. The major points of the settlement agreement/policy include: allowing quarterly training for patients,

annual training for staff, including protection and advocacy information in their admission packets, and the posting of the protection and advocacy system's contact information in patient areas.

For Virginia, this opens the door to other Department of Veterans Affairs facilities for the P&A. This is particularly significant as these other facilities provide longer term care and rehabilitation services for disabled veterans; where the care at McGuire is more of an acute nature.

5. Goal People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 2 **Juvenile Facilities**
- b. Objective was Partially Met/Continuing
- c. Base Measure used to determine whether priority was met
 - 1. Juvenile Probation Officers in seven (7) judicial districts will receive VOPA information.
- d. Target Population: PAIMI—eligible individuals involved with Juvenile Probation services.
- e. Outcome : Not applicable at this time.

A fact sheet about the rights of juveniles has been drafted. The fact sheet will be finalized, printed and distributed in the new fiscal year.

5. Goal **People with Disabilities in the Commonwealth of Virginia are Aware of VOPA's Services**

For each indicator of success, provide the following information:

- a. Goal # 5 Objective # 3 **Spanish Speaking Constituents**
- b. Objective was Met
- c. Base Measure used to determine whether priority was met ____ (numerical target)
 - 1. Two (2) presentations or outreach sessions between January 2005 and June 2005 for Spanish-speaking communities will be conducted.
 - 2. An outreach plan to targeted Spanish-speaking constituencies will be developed with the assistance of VOPA's Spanish Speaking Community Advisory Committee.
 - 3. Coordination of VOPA outreach activities with the Governor's Latino Advisory Commission Liaison will occur through regular bimonthly meetings.
- d. Target Population: PAIMI—eligible individuals in Virginia who speak Spanish that have been traditionally underserved by VOPA.
- e. Outcome: Underserved population received information about VOP and its services.

With the assistance of VOPA's Spanish-Speaking Outreach Committee, VOPA has been able to get a sense of the diverse needs of this community. The committee is comprised of VOPA staff, representatives of the Disability Advisory Council and PAIMI Council, and community and political leaders representing the Spanish-speaking community in the Commonwealth. We have identified that there is a need to educate this community about disability rights in special education, state and community facilities, accessibility to medical services (lack of interpreters), and opportunities for self-advocacy. The committee is working with the Richmond, Henrico, and Chesterfield, Virginia, Coalitions and the Richmond Hispanic Liaison Office to eliminate cultural and linguistic barriers so that general education can take place about VOPA and determine where VOPA should target its advocacy efforts.

VOPA has begun the general education process by meeting with the Limited English Speaking Program in Richmond to discuss VOPA's mission and services VOPA has also met with the Governor's Latino Advisory Commission Liaison to discuss the findings of the Latino Advisory Commission's report on the needs of the Latino community in Virginia. VOPA made a radio appearance for WRIR (97.3 FM), a newly created independent radio station in Richmond which provides many public interest shows targeted at the Spanish-speaking community in Richmond.

The Spanish Speaking Outreach Committee and VOPA have developed relationships with the Governor's Office, the VA Hispanic Liaison Office, the Richmond, Henrico, and Chesterfield Coalitions to provide information about disability rights in education, abuse and neglect, and discrimination. VOPA is translating brochures into Spanish so that our Spanish-speaking consumers will be able to access this information and share it within their communities. We have participated in community days, outreach events, and meetings in each Metro Richmond area to introduce VOPA to service providers and advocates. This year, the Committee decided to focus on identifying interpreters for parents in the City of Richmond and the counties of Chesterfield, Henrico, and Hanover so that effective communication could be facilitated between parents and educators. VOPA explored the number of Spanish-speaking residents and patients at state-operated Mental health institutions who may not be receiving appropriate care due to language barriers. VOPA is compiling data to share with the Committee.

VOPA conducted a "Continuing Legal Education Day" for VOPA attorneys that all staff were encouraged to attend. Many staff at all levels of the agency participated in a session entitled "Public Benefits and Immigration Status" presented by a representative of the Virginia Poverty Law Program. As VOPA presses forward with outreach to this population, we are being mindful of the sensitivities of the population's legal status and aware of the need to learn more about their cultures.

5. Goal **People with Disabilities in the Commonwealth of Virginia re Aware of VOPA's Services**

For each indicator of success, provide the following information:

a. Goal # 5 Objective # 4 **Adult Care Homes/Assisted Living Facilities**

b. Objective was Partially Met/Continuing

c. Base Measure used to determine whether priority was met

1. Participate in policy making activities to address the need to eliminate abuse and neglect, improved oversight in response to all relevant legislative proposals, proposed administrative regulations, and organizational policies.

2. One (1) fact sheet about disability-related rights for these residents will be developed and distributed.

d. Target Population: PAIMI—eligible individuals residing in adult care homes.

e. Outcome: underserved population received information about VOPA and its services legislation and policy influences

During the 2005 Virginia General Assembly Session, VOPA actively monitored the drafting of legislation revising oversight of assisted living facilities, and participated in final negotiations of the bill that was ultimately passed. We ensured that the Virginia Department of Social Services was aware of our desire to actively participate in the revision of the administrative regulations that will flow from that legislation. VDSS did include VOPA in the workgroup assembled to advise them on the development of the regulations. VOPA actively advocated for Assisted Living Facility residents to be involved in every aspect of their care planning. We and other advocates also encouraged VDSS not to weaken the incident reporting requirements.

Out of that same legislation came a requirement for the Virginia Board of Nursing to develop administrative regulations for the registration/certification and training of medication aides in assisted living facilities. VOPA attends and actively participates in the Task Force meetings convened by the Board of Nursing. Thus far, VOPA has advocated for the resident to be included in every aspect of their care planning including every aspect of medication administration when possible based on the individual's capacity. VOPA also advocated for accountability and clear expectations regarding documentation. We provided written recommendations to the Task Force and Board of Nursing re-iterating these concerns. We also encouraged them to try to find a balance between the requirements of a "medical model" with the need to maintain a non-institutional setting.

Development and distribution of one (1) fact sheet about disability-related rights for these residents will be carried over into the new fiscal year.

PAIMI Advisory Council Comments regarding VOPA's Work in the area of Outreach

The PAIMI Council is thrilled with the results of VOPA's efforts on behalf of United States Veterans. Recognizing that this effort had a nationwide impact, the Council is delighted that VOPA moved forward with this effort despite caution from the national P&A association. Because more and more military men and women are returning from "hot" zones with mental health related symptoms and disabilities, the Council believes that this victory could not have been more timely.

PAIMI Council members have been hearing concerns from the mental health consumer community that they do not know what efforts VOPA has been making on behalf of them. Council members have

invited some individuals to their meetings, but thus far, they have not been able to attend. VOPA has an FY06 objective targeted to outreach to the MH community based on this concern.

The PAIMI Council is pleased with the work VOPA has done in other areas to address underserved and unserved populations.

D. OTHER COMMENTS CONCERNING PAIMI SYSTEM OPERATIONS:

Briefly describe any special initiatives, problem solving techniques, or innovative practices that may help other State P&A systems.

PAIMI Members report that they received excellent legal and disability rights trainings at their meetings. They are very pleased with the presentations and appreciate the opportunity to interact with VOPA staff.

PAIMI members value the interaction with the VOPA Governing Board and believe that the Chair's liaison function fosters a greater connection between the Board and the Council. Members like the new committee structure and look forward to active participation. The Council is concerned however, that neither of the Advisory Council Chairs has a vote on the Board.

PAIMI Council is appreciative of the meeting agendas and "packets"; they find them to be nicely organized and more timely than they were a year ago. In addition, PAIMI Council appreciates that VOPA staff give them the background and history of items included in the agendas and packets. The members note that this helps with the reading and understanding of the reports and issues involved.

And finally, the PAIMI Council believes it has good communication with VOPA and VOPA staff. It is timely, frank, respectful, and open. Of note, the members like getting e-mail updates between meetings of VOPA activities. Members report that the tone and atmosphere of the meeting promotes everyone participating and that every individual's comments are valued.